

COUNTY OF LOS ANGELES

**SHERIFF'S DEPARTMENT**

DATE: September 15, 2005

OFFICE CORRESPONDENCE

FILE:

FROM: JOHNNY G. JURADO, COMMANDER  
LEADERSHIP & TRAINING DIVISIONTO: MARILYN E. BAKER, CAPTAIN  
EAST LOS ANGELES STATIONSUBJECT: **EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS  
NON-HIT SHOOTING, JANUARY 23, 2005, REVIEW #2137568/2137560**

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on January 23, 2005.

The Committee met on September 15, 2005 and consisted of myself and Commanders Robert Binkley (FOR III), Kenneth Brazile (Commander of the Department), and Eric Smith (Leadership and Training Division). The Committee determined the use of force by Deputies Hugo Ramos # [REDACTED] and [REDACTED] # [REDACTED] was within Department policy.

**Please advise the sergeant and deputies of this finding.**

JGJ:MAH:mh

# Los Angeles County Sheriff's Department

## Supervisor's Report on Use of Force

Page 1 of 4

### Incident Information

|                          |  |       |   |       |           |
|--------------------------|--|-------|---|-------|-----------|
| URN:                     | 405-00899-0281-055                                     | Date: | 01/23/05  | Time: | 2320 hrs. |
| Location:                | Floral Drive east of Mc Donnell Ave., East Los Angeles |       |   |       |           |
| City or Station:         | East Los Angeles                                       |       |   |       |           |
| Bureau/Station/Facility: | Region II /East Los Angeles Station                    |       | Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |       |           |

### Employee Witnesses

|        |           |            |             |
|--------|-----------|------------|-------------|
| Emp. # | Last Name | First Name | Middle Name |
| 428380 | Mosquera  | John       | C.          |
| Emp. # | Last Name | First Name | Middle Name |
|        |           |            |             |
| Emp. # | Last Name | First Name | Middle Name |
|        |           |            |             |

### Non-Employee Witnesses

|                |            |             |          |          |
|----------------|------------|-------------|----------|----------|
| Last Name      | First Name | Middle Name | Age      | D.O.B.   |
|                |            |             |          |          |
| Street Address | City       | Zip Code    | Work Ph. | Home Ph. |
|                |            |             |          |          |
| Last Name      | First Name | Middle Name | Age      | D.O.B.   |
|                |            |             |          |          |
| Street Address | City       | Zip Code    | Work Ph. | Home Ph. |
|                |            |             |          |          |
| Last Name      | First Name | Middle Name | Age      | D.O.B.   |
|                |            |             |          |          |
| Street Address | City       | Zip Code    | Work Ph. | Home Ph. |
|                |            |             |          |          |

### On Duty Supervisor

|        |           |            |             |      |   |  |
|--------|-----------|------------|-------------|------|---|--|
| Emp. # | Last Name | First Name | Middle Name | Rank | Present   | Witness to Incident                                      |
|        | Moreno    | Abel       | A.          | Sgt. | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Emp. # | Last Name | First Name | Middle Name | Rank | Present   | Witness to Incident                                      |
|        |           |            |             |      | YES <input type="checkbox"/> NO <input type="checkbox"/>            | YES <input type="checkbox"/> NO <input type="checkbox"/> |

### Watch Sergeant

|        |           |            |             |
|--------|-----------|------------|-------------|
| Emp. # | Last Name | First Name | Middle Name |
|        | Somoano   | Ignacio    |             |

### Watch Commander

|        |           |            |             |
|--------|-----------|------------|-------------|
| Emp. # | Last Name | First Name | Middle Name |
|        | Sisneros  | GREG       | K.          |

Watch Commander's Signature: \_\_\_\_\_ Emp #: \_\_\_\_\_

Copy Provided to Employee by: \_\_\_\_\_ Emp #: \_\_\_\_\_

Supervisor Completing Form: \_\_\_\_\_  
(Print) Gregory L. Key Emp #: \_\_\_\_\_

Emp #: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Unit Commanders Signature: \_\_\_\_\_

|               |
|---------------|
| PSTD Use Only |
| FO# 2137560   |

Original: Unit Commander  
 Copy: P.S.T.D. Headquarters,  
 Employee

See Reverse

## Page 2 of 4

# Supervisor's Report on Use of Force INVOLVED EMPLOYEE INFORMATION

URN: 405-00899-0281-055

Page 3 of 4

## Involved Employee

|   |            |   |   |  |
|---|------------|---|---|--|
| <b>E1</b>   | Employee # | Last Name   | First Name                                      | Middle Name  |
|   |            | Ramos   | Hugo  | F.   |
| Sex:<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                          |            | Race:<br>H.   | Unit of Assignment:<br>East Los Angeles Station |  |
|   |            | Work Assignment (Unit #, Module, etc.):<br>Unit 21/ EM  |   |  |
| Shift:<br><input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM |            | <input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty |   | Age:<br>507  |
|   |            |   |   | Height:<br>165   |
| Medical Exam/Treatment <input type="checkbox"/>   |            | If Admitted, Name of Hospital:  |   | Coroner Case #   |
|   |            |   |   | Directed Force <input type="checkbox"/><br>Significant Force <input checked="" type="checkbox"/> |
| <b>E</b>  | Employee # | Last Name   | First Name                                      | Middle Name  |
|   |            |   |   |  |
| Sex:<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                     |            | Race:   | Unit of Assignment:                             |  |
|   |            | Work Assignment (Unit #, Module, etc.):   |   |  |
| Shift:<br><input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM            |            | <input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty            |   | Age:   |
|   |            |   |   | Height:  |
|   |            |   |   | Weight:  |
| Medical Exam/Treatment <input type="checkbox"/>   |            | If Admitted, Name of Hospital:  |   | Coroner Case#  |
|   |            |   |   | Directed Force <input type="checkbox"/><br>Significant Force <input type="checkbox"/>            |
| <b>E</b>  | Employee # | Last Name   | First Name                                      | Middle Name  |
|   |            |   |   |  |
| Sex:<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                     |            | Race:   | Unit of Assignment:                             |  |
|   |            | Work Assignment (Unit #, Module, etc.):   |   |  |
| Shift:<br><input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM            |            | <input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty            |   | Age:   |
|   |            |   |   | Height:  |
|   |            |   |   | Weight:  |
| Medical Exam/Treatment <input type="checkbox"/>   |            | If Admitted, Name of Hospital:  |   | Coroner Case#  |
|   |            |   |   | Directed Force <input type="checkbox"/><br>Significant Force <input type="checkbox"/>            |
| <b>E</b>  | Employee # | Last Name   | First Name                                      | Middle Name  |
|   |            |   |   |  |
| Sex:<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                     |            | Race:   | Unit of Assignment:                             |  |
|   |            | Work Assignment (Unit #, Module, etc.):   |   |  |
| Shift:<br><input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM            |            | <input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty            |   | Age:   |
|   |            |   |   | Height:  |
|   |            |   |   | Weight:  |
| Medical Exam/Treatment <input type="checkbox"/>   |            | If Admitted, Name of Hospital:  |   | Coroner Case#  |
|   |            |   |   | Directed Force <input type="checkbox"/><br>Significant Force <input type="checkbox"/>            |
| <b>E</b>  | Employee # | Last Name   | First Name                                      | Middle Name  |
|   |            |   |   |  |
| Sex:<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                     |            | Race:   | Unit of Assignment:                             |  |
|   |            | Work Assignment (Unit #, Module, etc.):   |   |  |
| Shift:<br><input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM            |            | <input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty            |   | Age:   |
|   |            |   |   | Height:  |
|   |            |   |   | Weight:  |
| Medical Exam/Treatment <input type="checkbox"/>   |            | If Admitted, Name of Hospital:  |   | Coroner Case#  |
|   |            |   |   | Directed Force <input type="checkbox"/><br>Significant Force <input type="checkbox"/>            |

# Supervisor's Report on Use of Force

## SUSPECT INFORMATION

URN: 405-00899-0281-055

Page 4 of 4

### Suspect Information

|           |  |                     |                   |   |                          |   |
|-----------|--|---------------------|-------------------|---|--------------------------|---|
| <b>S1</b> | Last Name  | Rodriguez           | First Name        | Sergio  | Middle Name              | NMN                                     |
|           | AKA Last Name  |                     | First Name        |   | Middle Name              |   |
|           | Sex:   | Race:               | Street Address:   | City:   | State & Zip Code:        |   |
|           | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | H                   |                   |   |                          |   |
|           | Work Phone:  | Home Phone:         | Age:              | Height:   | D.O.B.                   | Weight: Armed?                          |
|           |  |                     | 23                | 509   | 062381                   | 210 <input checked="" type="checkbox"/> |
|           | Booking #:   | Primary Charge:     | Secondary Charge: |   | Criminal History         |   |
|           | 8431657  | 664/197             |                   |   |                          |   |
|           | Hospital Admission?  | Rec'd Treatment At: | Coroner Case#:    |   | Mental History           |   |
|           | <input type="checkbox"/>   |                     |                   |   | <input type="checkbox"/> |   |
|           | Under Influence:   | Substance:          |                   | Photos of Suspect's Injuries  |                          |   |
|           | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO      |                     |                   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                          |   |

### Suspect Interview

|          |   |  |                                    |
|----------|---|--|------------------------------------|
| <b>S</b> | Last Name   | First Name   | Middle Name                        |
|          | AKA Last Name   | First Name   | Middle Name                        |
|          | Sex:  | Race:  | Street Address:                    |
|          | <input type="checkbox"/> Male <input type="checkbox"/> Female |  |                                    |
|          | Work Phone:   | Home Phone:  | Age: Height: D.O.B. Weight: Armed? |
|          |   |  |                                    |
|          | Booking #:  | Primary Charge:  | Secondary Charge: Criminal History |
|          |   |  |                                    |
|          | Hospital Admission?   | Rec'd Treatment At:                                      | Coroner Case#: Mental History      |
|          | <input type="checkbox"/>                                      |  | <input type="checkbox"/>           |
|          | Under Influence:  | Photos of Suspect's Injuries                             |                                    |
|          | <input type="checkbox"/> YES <input type="checkbox"/> NO      | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                    |

### Suspect Interview

|          |   |  |                                    |
|----------|---|--|------------------------------------|
| <b>S</b> | Last Name   | First Name   | Middle Name                        |
|          | AKA Last Name   | First Name   | Middle Name                        |
|          | Sex:  | Race:  | Street Address:                    |
|          | <input type="checkbox"/> Male <input type="checkbox"/> Female |  |                                    |
|          | Work Phone:   | Home Phone:  | Age: Height: D.O.B. Weight: Armed? |
|          |   |  |                                    |
|          | Booking #:  | Primary Charge:  | Secondary Charge: Criminal History |
|          |   |  |                                    |
|          | Hospital Admission?   | Rec'd Treatment At:                                      | Coroner Case#: Mental History      |
|          | <input type="checkbox"/>                                      |  | <input type="checkbox"/>           |
|          | Under Influence:  | Photos of Suspect's Injuries                             |                                    |
|          | <input type="checkbox"/> YES <input type="checkbox"/> NO      | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                    |

### Suspect Interview